

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 31 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000083657**

1. Corporation Name

LINDA LEE HOUGHTALING, P.A.

200014095882
03/14/03--01093--001 **908.75

02-03

2. Principal Office Address

See Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

805 W. 8th St., Ste. 2000

Suite, Apt. #, etc.

2000

City & State

Miami, FL

Zip

Country

33130

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/01

5. FEI Number

71-087 5123

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Linda Houghtaling

Street Address (P.O. Box Number is Not Acceptable)

805 W. 8th Street

Suite, Apt. #, Etc.

2000

City

Miami

State
FL

Zip Code
33130

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Linda Houghtaling

REGISTERED AGENT MUST SIGN

Date **01/30/03**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres./Director	Linda Houghtaling	805 W. 8th Street,	Miami, FL
Sec./Treas.		Suite 2000	33130

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Linda L. Houghtaling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/03
Date

**(305)
423-7004**
Daytime Phone #

CR2E081 (10/02)